ATTORNEY'S INVOICE

Statement of Services Rendered

(PLEASE TYPE)								
Send Invoice to: BOARD OF PAROLE HEARINGS P.O. BOX 4036 SACRAMENTO, CA 95812-4036		PRISONER/PAROLEE: CDC No: Location & Time of Hearing			HEARING DISPOSITION: Hearing conducted Lifer — Revocation			
		Revocation ExtMDO Prisoner/parolee waived hearing. Hearing continued/postponed. Other:						SVP
DATE OF SERVICE* DESCRIPTION OF SERVICE RENDERED								HOURS
								
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Miles and the second se								
	St. Al- al-							
			bours, date of service, and the description of the bove are true and correct. I also certify that I am				HOURS	
duly licensed to practice before all courts of the State of California and that I am an active member of the State Bar of California.						Y RATE	\$30.00	
*Separate invoices must be submitted for overlapping Fiscal Years beginning July 1 and ending June 30. TOTAL BILLING								1
**Please be sure t	to subm	nit invoices with	an original signatu	re, in blue	ink.			
ATTORNEY AT LAW (SIGNATURE)**			NAME		S.S. NUMBER STATE BAR #			DATE
ADDRESS NO. &	STREE	r [Change of address	CITY			STATE	ZIP
		D	DEPARTMENTAL AP	PROVAL			L	
SIGNATURE	TITLE			DA	ГЕ			